

DRAFT - 9/9/54

THE CONTINUING NEED FOR FEDERAL ACTION
IN TUBERCULOSIS CONTROL

*Speeches
1954*

Just a few short years ago, all of us were overjoyed to hear the reports that were coming out in connection with the then newly discovered, so-called wonder drugs for tuberculosis. Predictions that tuberculosis was through did not fully reckon with the hard reality of the enemy in tuberculosis -- the tubercle bacillus itself, and its tough, wily, inaccessible, and almost unpredictable character.

True enough, new treatment methods are helping - have helped appreciably in fact. Fewer patients are now dying of tuberculosis - more patients are becoming sputum-negative sooner - and many more patients than ever before are being restored to useful, near-normal living sooner than would have been possible just a scant five years ago. Reward for control efforts is much more readily attainable.

Deaths from tuberculosis have come down remarkably - and are still coming down. The latest death rate for the United States - an estimated 12.5 per 100,000 population for 1953 - bespeaks a magnificent achievement for our *(National State and Local Tuberculosis Associations State and local health tuberculosis control forces, especially when we place it against the death* rate of just 10 years ago - 41 per 100,000 in 1945. This very achievement, however, is deceitfully cloaking our remaining problem and the need for continuing and unabated effort against the disease.

No doubt, the total number of tuberculosis cases in the United States has come down slightly since the introduction of our latest treatment methods.

1/ Speech for Rhode Island Tuberculosis Association Board of Directors' Meeting
N.E. Regional Tuberculosis

Department, practicing physicians and hospitals (Health Service)

But new cases are continuing at a level of about 100,000 per year, and about 86,000 of them are active. Here, in our own State, even with our progressive control efforts, 1953 saw 400 new cases of tuberculosis added to our caseload, and 322 of them were significant enough for continuous, active supervision. Add to these totals the probable number of yet-undiscovered cases, the probable number of those already infected with tuberculosis but not clinically ill - and this would amount to perhaps 30 percent of our population nationally, according to an educated guess (and all of them, as we know, are under the constant hazard of breakdown) - and add to these, too, the total number of known and unknown cases (all subject to the threat of reactivation and the reawakening of infectiousness) - and we can see, I feel sure, that tuberculosis has not yet reached the point by any standard, where it is no longer a problem in these United States.

Recently, I was startled to learn that official agencies in this country spend somewhere in the neighborhood of \$600 million in direct, out-of-pocket expenditures for tuberculosis - that is, for tuberculosis control, research, and hospitalization. The figure is staggering, especially when I consider that the total is made up almost entirely of public funds which come from the already overburdened taxpayer. For a disease which is purportedly on its way out as a public health problem, the annual expenditure of well over one-half of a billion dollars would seem, at first flush, startling indeed. It ceases to be startling, however, in the light of what we all know about the true extent of the remaining tuberculosis problem - and shrinks to insignificance, in fact, when we consider that those actively ill with tuberculosis and those who died of the disease cost us, in 1952, two billion dollars in

lost national production and lost income. Particularly in these perilous days of our national existence, our human resources, our productive capacity, and the ability of our people to contribute actively to our national strength are most important.

I am told that the total number of Americans ill with active tuberculosis in 1952 - 250,000 in all, the total population of our City of Providence - equals the total labor force of the crude oil and natural gas industries combined. Picturing a hypothetical situation in which these vital industries might be forced to close down entirely, we can say, on the basis of such a catastrophe alone, that the expenditure of some \$600 million a year to prevent it would, from every point of view, be a most worth-while - and a necessary investment. There would be no doubt of the need for Federal participation in the prevention of such an industrial disaster - as, to my mind there is no doubt of the continued need for Federal support in State and local activities aimed at preventing and mitigating the disaster of tuberculosis, both in the individual and the aggregate sense.

True, there remain many unanswered questions about the best and most productive means of dealing with tuberculosis. Research will, ^{9/13} in time, provide those answers - and if they come in the form of a rapid-treatment technique such as those now used against pneumonia and VD - or in the form of an unquestionably effective and durable immunization technique, such as now exists for smallpox - then our remaining work in tuberculosis, and the need for continuing large expenditures for tuberculosis control will dwindle rapidly. Toward that end, however, research efforts must continue to be supported and encouraged - especially by the Federal government, which has so great a stake in the conservation of our most precious human resources.

Even without these devices, however, there is today a vast amount that

can be done to prevent and mitigate the disaster of tuberculosis among us.

You in tuberculosis control work prove this every day by your continuing efforts. And believe me, there are many of us ^{who represent the people of our country in Congress} in Washington who share your conviction that the goal is not quite yet won, and that much remains to be done toward the ultimate - and sure - winning of that goal. For our common good - and because you have demonstrated, beyond doubt, that you know what you are about and know how to deploy your resources to best advantage - (particularly in States such as ours - ^(R.I. and other N. Eng.) as evidenced by the progressive program which you have pursued) - for these reasons, you more than merit our lasting and unflagging support. This is especially true in Rhode Island, where the Tuberculosis Control Program has been so distinctly progressive.

Along with your tuberculosis experts, I am convinced that we cannot be satisfied with the end of tuberculosis merely as a cause of death. Most of our efforts to date have been quite successful in this regard, as evidenced by our present, low death rate.

Since most of tuberculosis' waste and devastation can be traced to tuberculous illness, we cannot be satisfied until we can successfully prevent illness itself, and, indeed, tuberculous infection. Only the broadest possible public health program of tuberculosis control will achieve these results. And this requires that we go on looking for hidden cases of the disease aggressively and vigorously - and that we make available to them all the benefits of our modern treatment techniques, in addition to the rehabilitative and social services which assure their getting the greatest good out of treatment. Moreover, since the problem of tuberculosis in any locality will be harder to isolate and to pin-point as progress continues to be made against it, steps will have to be undertaken to maintain continuous surveillance over the problem

True, this is properly the function and responsibility of State and local official agencies, ^{carried out in partnership with} ~~aided and abetted so well by~~ the voluntary groups such as yours. But it is a responsibility which the Federal government shares as well because of the nature of tuberculosis itself as a problem of our entire national community. Indeed, we here in Rhode Island can be justly proud of our record in tuberculosis control, and of the contribution we have thereby made to the war against tuberculosis throughout the Nation. Our tuberculosis death rate is lower than the national average - our new case rate is also lower - our case-finding rate is better than average - and we have been doing better than average, too, in the proportion of our population being X-rayed for tuberculosis. What is more, we are among the pioneers in the Nation in the provision of sickness insurance - an item which no doubt plays a part in the success of our tuberculosis efforts.

We have, to be sure, done well in our State in prosecuting the war on tuberculosis. None of us here, however, is unaware of the greater effort which can and should be made - and the greater progress - were more nearly adequate resources available.

Those of us in the Congress who are closely and vitally interested in public health matters are well aware of the changes that recent developments have brought about. We are aware, for example, that, with the advent of streptomycin and isoniazid, more tuberculous patients are under treatment today than ever before in history - and that many of them are being treated outside of hospitals. We are aware of the added burdens this places upon your already overtaxed public health nurses, laboratories, and clinics, and the added need for patient follow-up and supervision facilities. We are aware, too, of the added need for rehabilitation and aftercare services

occasioned by the new drugs, especially in those cases that have not had the health education experience that treatment in the tuberculosis hospital affords - and that treatment outside the sanatorium lacks.

Because these problems are not local - we here in Rhode Island are not the only ones who must face them - because they must be faced equally by every State and local official and voluntary agency in tuberculosis control work. They are problems which are, of necessity, the concern of the Federal government. In research - out of which will come the tools which will simplify our work - only the pooling of resources and the close coordination of all new knowledge will assure speedy and meaningful developments. Hence, Federal support of local efforts must continue here as well.

This is being done in a number of ways. First, the Federal government has a large responsibility to the veterans of our wars. The sizeable expenditures, one quarter of a billion dollars annually, for the consequences of tuberculosis in veterans requires that the Federal government have an interest in the state of tuberculosis control in this country. Expenditures for veterans are largely for hospitalization and compensation, and I think we can say that they are well cared for.

I have been engrossed in the health program activities of the Public Health Service and through my service on the House Subcommittee on Appropriations. The program of the Public Health Service which I have supported, embraces research and technical assistance to the States. Research is directed at providing new and more forceful weapons in attacking the disease through improved measures of prevention, through better diagnostic tools, through more effective drug treatment. This research is conducted by devoted men and women in the

Public Health Service and in the Universities and hospitals of the country where cooperative projects and research grants provide the means of increasing the quantity and quality of research. As an example, through the Tuberculosis program of the Public Health Service, some 26 State, city, county tuberculosis hospitals jointly are daily testing in a very exacting manner new drugs and new combinations of drugs to discover the best method of therapy.

From this work I understand it is clear that the drug isoniazid stands out as the most important single drug available today. But the search continues, for isoniazid is yet imperfect. This cooperative program has provided a practical and effective means for these State and local tuberculosis hospitals to engage in extremely important research and has gained their strong support for its contribution to their regular purpose. The Public Health Service is conducting the largest scaled vaccination testing program in the world in an effort to better prevent tuberculosis.

Assistance to the States is provided so that research developments of the laboratory and the small scale pilot project are put to work to better and expand the tuberculosis control effort. This is done through grants-in-aid to the States and through experts in the technical and operational aspects of control programs. Grants are made to States to enable them to develop, initiate, expand, and operate their prevention and case-finding programs - their outpatient services. The ^{Federal} total of the grants to the States ^{for T.B.} this year ^{total} is \$4,500,000. ~~[The research and program technical services last year required about two million dollars.]~~

Control ^{This is a small} ~~These are~~ small investments in conserving what to me is the greatest resource any nation can have - the lives and the health of its people. The tuberculosis movement fostered by the interest and action of such volunteers

as you and supported by the public through your program and through the services provided by city, county, State, and national governments, has been a vivid example of a determination against great odds to conserve our people. The motivation behind the movement may have had a good economic basis, and may have seemed a selfish self-preserving fear. I know that these were not primary and dominant. Rather you and those before you who pioneered this work in this State I sense feel deeply man's responsibility to man - the trouble of humanity.

Until we have counted the last death from tuberculosis - until the last case of tuberculous illness has been discovered and treated - and until we can prevent, finally, any new tuberculous infections - just so long will all of us need to remain actively in the campaign against tuberculosis. Until that day, the program will need to be broad, encompassing the traditional elements of effective tuberculosis control - and embracing the efforts of all segments of our community - local, State, and national.